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Technology and Intellectual Property Matters20690 View Oaks Way
San Jose, CA 95120
Telephone: (408) 323-5111
Facsimile: (408) 521-0111

orsak@pacbell.net

FACSIMILE TRANSMITTAL

DATE: 03/21/2006	FROM: Samuel A. Kassatly
TO: Examiner Thu V. Huynh	TELEPHONE NO.: (408) 323-5111
U.S. Patent and Trademark Office	FACSIMILE NO.: (408) 521-0111
Group Art Unit: 2178	ATTY DOCKET NO.: YOR920010745US1
<u>FACSIMILE NO.: 571-273-8300</u>	SUBJECT: Amendment A

Title: "System and Method for Facilitating Document Imaging Requests"

Applicant(s): Bettina Kuppinger et al.

Attorney Docket No.: YOR920010745US1

Serial No.: 10/066,985

Filing Date: February 2, 2002

TOTAL NUMBER OF PAGES INCLUDING THIS COVER PAGE 20**THANK YOU FOR FORWARDING THIS DOCUMENT TO EXAMINER Thu V. Huynh
AS SOON AS POSSIBLE**

Respectfully submitted,

Samuel A. Kassatly
Reg. No. 32,247
Date: 03/21/2006Enclosure: Amendment A**CERTIFICATE OF FAXING**I hereby certify that this correspondence is being faxed to the U.S. Patent and Trademark Office,
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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/066,985	
	Filing Date	February 2, 2002	
	First Named Inventor	Bettina Kuppinger et al.	
	Art Unit	2178	
	Examiner Name	Thu V. Huynh	
Total Number of Pages in This Submission	20	Attorney Docket Number	YOR920010745US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Facsimile cover page 2) Certificate of Transmission
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Firm Name	Samuel A. Kassatly, Law Office		
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Samuel A. Kassatly	Date	03/21/2006

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/066,985
TOTAL AMOUNT OF PAYMENT (\$) 0		Filing Date	February 2, 2002
		First Named Inventor	Bettina Kuppinger et al.
		Examiner Name	Thu V. Huynh
		Art Unit	2178
		Attorney Docket No.	YOR920010745US1

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 50-0510 Deposit Account Name: International Business Machines

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 20 - 20 or HP = 0 x 50 = 0
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 3 - 3 or HP = 0 x 200 = 0
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
<u>20</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) 0

Other (e.g., late filing surcharge): 0

SUBMITTED BY		Registration No.	Telephone
Signature		(Attorney/Agent) 32247	408-323-5111
Name (Print/Type)	Samuel A. Kassatly	Date	03/21/2006

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